Vendor ATC HEALTHCARE SERVICES, INC.

Remit to: PO BOX 31718

HARTFORD CT 06150-1718

ATC HEALTHCARE SERVICES, INC. Name and

Address Cntct: JILL BUSH of Vendor: 2825 E 56TH ST

INDIANAPOLIS IN 46220

Page 000000000000000000010278 1 **of** 6

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 **Expiration Date:** 10/31/2009

Agency Number:

Facility: RFP 7-14 581642<u>356</u> Vendor Federal ID: Vendor Telephone Nbr: 800-451-1135 Name Of Contact Pers: JILL BUSH **FAX Number:** 317-251-1145

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity UNIT

Article and Description

Unit Price

This is an award of a Quantity Purchase Agreement for Temporary Medical Services. QPA can be mutually renewed for two additional years.

The vendor agrees to charge these prices for any services ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities were estimated and actual usage could be substantially more or less.

The vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

- Number of hours for each classifications of Medical Staffing Personnel, including shift, holiday or overtime breakdown and, purchased by any State Agency and/or Political Subdivision, separated by each.
- 2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision.

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

ORDERS PROCESSING:

Personnel will be made available to accept orders from 8:00 AM to 6:00 PM and provide a 24/7 access line for emergency and short turnaround needs.

The designated representative for the State Agency shall have the right to reject any of the personnel assigned to perform the requested services. Should an employee be rejected, the vendor will assign replacement personnel to meet the requirements and qualifications of the State Agency.

The Requesting State Agency shall have the right to request resumes to review potential candidates submitted for temporary employment and to conduct pre-employment interviews. Based upon those interviews, if conducted, the State may request the preferred temporary service employee. The vendor shall provide all resumes, licenses and assisting documents for the personnel submitted and make all reasonable efforts to fufill the service need with the candidate requested.

The vendor must be able to place a Temporary Medical Service Professional within four hours of notification. Proper resources screening will be conducted for each employee such as but not limited to background, criminal record, drug, education, training/skills, current valid licenses, etc. The vendor must provide copies of the background checks to the Requesting State Agency at the time the employee's name and information is submitted for consideration of temporary employment. The Requesting State Agency or IDOA will require the vendor to remove any individual whose background check reveals information which would cause the individual not to be hired, transferred, promoted, or retained by

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INDIANAPOLIS IN 46220

Page 2 **of** 6

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 5<u>81642356</u> Vendor Federal ID: Vendor Telephone Nbr: 800-451-1135

Name Of Contact Pers: JILL BUSH FAX Number: 317-251-1145

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Numbe	r Quantity UNIT the State as a regular employee.	Article and Description	Unit Price
1	99,999,999.00 HUR00000000010 Regular Shift		25.6300
2	99,999,999.00 HUR00000000010 Regular Shift		25.6300
3	99,999,999.00 HUR00000000010 Regular Shift		26.6300
4	99,999,999.00 HUR00000000010 Holiday/Over		35.1100
5	99,999,999.00 HUR00000000010 Holiday/Over		35.1100
6	99,999,999.00 HUR00000000010 Holiday/Over		36.4800
7	99,999,999.00 HUR0000000010 1	00057102 Registered Nurse, Fort Wayne District, Regular Shift	32.1900
8	99,999,999.00 HUR0000000010 2	00057103 Registered Nurse, Fort Wayne District, Regular Shift	32.1900
9	99,999,999.00 HUR0000000010 3	00057104 Registered Nurse, Fort Wayne District, Regular Shift	33.1900
10	99,999,999.00 HUR00000000010 Holiday/Over		44.1000
11	99,999,999.00 HUR00000000010 Holiday/Over		44.1000
12	99,999,999.00 HUR00000000010 Holiday/Over		45.4700
13	99,999,999.00 HUR0000000010 Shift 1	00057132 Certified Nurse Aide, Fort Wayne District, Regular	15.6300
14	99,999,999.00 HUR0000000010 Shift 2	00057133 Certified Nurse Aide, Fort Wayne District, Regular	15.6300
15	99,999,999.00 HUR00000000010 Shif t3	00057134 Certified Nurse Aide, Fort Wayne District, Regular	16.6300
16	99,999,999.00 HUR00000000010 Holiday/Over		21.4100
17	99,999,999.00 HUR00000000010 Holiday/Over	00057136 Certified Nurse Aide, Fort Wayne District, time Shift 2	21.4100
18	99,999,999.00 HUR00000000010 Holiday/Over	00057137 Certified Nurse Aide, Fort Wayne District, time Shift 3	22.7800
19	99,999,999.00 HUR00000000010	00057174 Licensed Practical Nurse, Crawfordsville District,	25.6300

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

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Name Of Contact Pers: JILL BUSH **FAX Number:** 317-251-1145

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Regular Shift 1	Article and Description	Unit Price
20	99,999,999.00	O HUR0000000000100057175 Regular Shift 2	Licensed Practical Nurse, Crawfordsville District,	25.6300
21	99,999,999.00	O HUR000000000100057176 Regular Shift 3	Licensed Practical Nurse, Crawfordsville District,	26.6300
22	99,999,999.00	O HUR0000000000100057177 Holiday/Overtime Shift	Licensed Practical Nurse, Crawfordsville District,	35.1100
23	99,999,999.00	O HUR0000000000100057178 Holiday/Overtime Shift 2	Licensed Practical Nurse, Crawfordsville District,	35.1100
24	99,999,999.00	O HUR0000000000100057179 Holiday/Overtime Shift 3	Licensed Practical Nurse, Crawfordsville District,	36.4800
25	99,999,999.00	O HUR000000000100057180 Shift 1	Registered Nurse, Crawfordsville District, Regular	32.1900
26	99,999,999.00	O HUR000000000100057181 Shift 2	Registered Nurse, Crawfordsville District, Regular	32.1900
27	99,999,999.00	O HUR000000000100057182 Shift 3	Registered Nurse, Crawfordsville District, Regular	33.1900
28	99,999,999.00	O HUR0000000000100057183 Holiday/Overtime Shift	Registered Nurse, Crawfordsville District,	44.1000
29	99,999,999.00	O HUR0000000000100057184 Holiday/Overtime Shift 2		44.1000
30	99,999,999.00	O HUR0000000000100057185 Holiday/Overtime Shift 3	Registered Nurse, Crawfordsville District,	45.4700
31	99,999,999.00	O HUR0000000000100057210 Regular Shift 1	Certified Nurse Aide, Crawfordsville District,	15.6300
32	99,999,999.00	O HUR0000000000100057211 Regular Shift 2	Certified Nurse Aide, Crawfordsville District,	15.6300
33	99,999,999.00	HUR000000000100057212 Regular Shif t3	Certified Nurse Aide, Crawfordsville District,	16.6300
34	99,999,999.00	O HUR0000000000100057213 Holiday/Overtime Shift		21.4100
35	99,999,999.00	O HUR0000000000100057214 Holiday/Overtime Shift 2	Certified Nurse Aide, Crawfordsville District,	21.4100
36	99,999,999.00	O HUR0000000000100057215 Holiday/Overtime Shift 3	Certified Nurse Aide, Crawfordsville District,	22.7800
37	99,999,999.00	HUR000000000100057252 Regular Shift 1	Licensed Practical Nurse, Greenfield District,	25.6300
38	99,999,999.00	0 HUR000000000100057253	Licensed Practical Nurse, Greenfield District,	25.6300

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Page 4 **of** 6

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 5<u>81642356</u> Vendor Federal ID: Vendor Telephone Nbr: 800-451-1135

Name Of Contact Pers: JILL BUSH **FAX Number:** 317-251-1145

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Regular Shift 2	Article and Description	Unit Price
39	99,999,999.00	O HUR000000000100057254 Regular Shift 3	Licensed Practical Nurse, Greenfield District,	26.6300
40	99,999,999.00	O HUR000000000100057255 Holiday/Overtime Shift	Licensed Practical Nurse, Greenfield District,	35.1100
41	99,999,999.00	O HUR0000000000100057256 Holiday/Overtime Shift 2	Licensed Practical Nurse, Greenfield District,	35.1100
42	99,999,999.00	HUR000000000100057257 Holiday/Overtime Shift 3	Licensed Practical Nurse, Greenfield District,	36.4800
43	99,999,999.00	0 HUR000000000100057258 1	Registered Nurse, Greenfield District, Regular Shift	32.1900
44	99,999,999.00	D HUR000000000100057259 2	Registered Nurse, Greenfield District, Regular Shift	32.1900
45	99,999,999.00	0 HUR000000000100057260 3	Registered Nurse, Greenfield District, Regular Shift	33.1900
46	99,999,999.00	O HUR0000000000100057261 Holiday/Overtime Shift	Registered Nurse, Greenfield District,	44.1000
47	99,999,999.00	HUR000000000100057262 Holiday/Overtime Shift 2		44.1000
48	99,999,999.00	HUR000000000100057263 Holiday/Overtime Shift 3	Registered Nurse, Greenfield District,	45.4700
49	99,999,999.00	O HUR000000000100057288 Shift 1	Certified Nurse Aide, Greenfield District, Regular	15.6300
50	99,999,999.00	O HUR000000000100057289 Shift 2	Certified Nurse Aide, Greenfield District, Regular	15.6300
51	99,999,999.00	O HUR000000000100057290 Shif t3	Certified Nurse Aide, Greenfield District, Regular	16.6300
52	99,999,999.00	HUR000000000100057291 Holiday/Overtime Shift	Certified Nurse Aide, Greenfield District,	21.4100
53	99,999,999.00	HUR000000000100057292 Holiday/Overtime Shift 2	Certified Nurse Aide, Greenfield District,	21.4100
54	99,999,999.00	HUR000000000100057293 Holiday/Overtime Shift 3	Certified Nurse Aide, Greenfield District,	22.7800
55	99,999,999.00	O HUR000000000100057330 Shift 1	Licensed Practical Nurse, Seymour District, Regular	25.6300
56	99,999,999.00	O HUR000000000100057331 Shift 2	Licensed Practical Nurse, Seymour District, Regular	25.6300
57	99,999,999.00	0 HUR000000000100057332	Licensed Practical Nurse, Seymour District, Regular	26.6300

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Page 5 **of** 6

ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 5<u>81642356</u> Vendor Federal ID: Vendor Telephone Nbr: 800-451-1135

Name Of Contact Pers: JILL BUSH **FAX Number:** 317-251-1145

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Shift 3	Article and Description	Unit Price
58	99,999,999.00	0 HUR0000000000100057333 Holiday/Overtime Shift 1	Licensed Practical Nurse, Seymour District,	35.1100
59	99,999,999.00	O HUR0000000000100057334 Holiday/Overtime Shift 2	Licensed Practical Nurse, Seymour District,	35.1100
60	99,999,999.00	O HUR0000000000100057335 Holiday/Overtime Shift 3	Licensed Practical Nurse, Seymour District,	36.4800
61	99,999,999.00	0 HUR00000000100057336	Registered Nurse, Seymour District, Regular Shift 1	32.1900
62	99,999,999.00	0 HUR000000000100057337	Registered Nurse, Seymour District, Regular Shift 2	32.1900
63	99,999,999.00	0 HUR00000000100057338	Registered Nurse, Seymour District, Regular Shift 3	33.1900
64	99,999,999.00	0 HUR000000000100057339 Shift 1	Registered Nurse, Seymour District, Holiday/Overtime	44.1000
65	99,999,999.00	0 HUR000000000100057340 Shift 2	Registered Nurse, Seymour District, Holiday/Overtime	44.1000
66	99,999,999.00	0 HUR000000000100057341 Shift 3	Registered Nurse, Seymour District, Holiday/Overtime	45.4700
67	99,999,999.00	0 HUR000000000100057366 1	Certified Nurse Aide, Seymour District, Regular Shift	15.6300
68	99,999,999.00	0 HUR000000000100057367 2	Certified Nurse Aide, Seymour District, Regular Shift	15.6300
69	99,999,999.00	0 HUR000000000100057368 t3	Certified Nurse Aide, Seymour District, Regular Shif	16.6300
70	99,999,999.00	0 HUR0000000000100057369 Holiday/Overtime Shift 1	Certified Nurse Aide, Seymour District,	21.4100
71	99,999,999.00	0 HUR0000000000100057370 Holiday/Overtime Shift 2	Certified Nurse Aide, Seymour District, 2	21.4100
72	99,999,999.00	0 HUR0000000000100057371 Holiday/Overtime Shift 3	Certified Nurse Aide, Seymour District,	22.7800
73	99,999,999.00	0 HUR000000000100057408 Shift 1	Licensed Practical Nurse, Vincennes District, Regular	25.6300
74	99,999,999.00	0 HUR000000000100057409 Shift 2	Licensed Practical Nurse, Vincennes District, Regular	25.6300
75	99,999,999.00	0 HUR000000000100057410 Shift 3	Licensed Practical Nurse, Vincennes District, Regular	26.6300
76	99,999,999.00	0 HUR0000000000100057411 Holiday/Overtime Shift 1	Licensed Practical Nurse, Vincennes District,	35.1100
77	99,999,999.00	0 HUR000000000100057412	Licensed Practical Nurse, Vincennes District,	35.1100

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INDIANAPOLIS IN 46220

Quantity Purchase Agreement Qty Purchase Agreement QPA Number With The State Of Indiana 000000000000000000000010278 Page 6 of 6

ASA7-7-40 Medical Temp Requisition Nbr.:

Effective Date: 09/01/2007 10/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 5816<u>42356</u> Vendor Federal ID: Vendor Telephone Nbr: 800-451-1135 Name Of Contact Pers: JILL BUSH

FAX Number: 317-251-1145

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT Holiday/Overtime Shif	Article and Description ft 2	Unit Price
78	99,999,999.00	HUR000000000100057413 Holiday/Overtime Shift 3	Licensed Practical Nurse, Vincennes District,	36.4800
79	99,999,999.00	HUR00000000100057414	Registered Nurse, Vincennes District, Regular Shift 1	32.1900
80	99,999,999.00	HUR00000000100057415	Registered Nurse, Vincennes District, Regular Shift 2	32.1900
81	99,999,999.00	HUR00000000100057416	Registered Nurse, Vincennes District, Regular Shift 3	33.1900
82	99,999,999.00	HUR000000000100057417 Holiday/Overtime Shift 1	Registered Nurse, Vincennes District,	44.1000
83	99,999,999.00	HUR000000000100057418 Holiday/Overtime Shift 2	Registered Nurse, Vincennes District,	44.1000
84	99,999,999.00	HUR000000000100057419 Holiday/Overtime Shift 3	Registered Nurse, Vincennes District,	45.4700
85	99,999,999.00	HUR000000000100057444 Shift 1	Certified Nurse Aide, Vincennes District, Regular	15.6300
86	99,999,999.00	HUR000000000100057445 Shift 2	Certified Nurse Aide, Vincennes District, Regular	15.6300
87	99,999,999.00	HUR00000000100057446 Shif t3	Certified Nurse Aide, Vincennes District, Regular	16.6300
88	99,999,999.00	HUR000000000100057447 Holiday/Overtime Shift 1	Certified Nurse Aide, Vincennes District,	21.4100
89	99,999,999.00	HUR000000000100057448 Holiday/Overtime Shift 2	Certified Nurse Aide, Vincennes District,	21.4100
90	99,999,999.00	HUR000000000100057449 Holiday/Overtime Shift 3	Certified Nurse Aide, Vincennes District,	22.7800
		The following UN/CEFACT UCCommon Codes are used in the UNION Codes are used in the UNION CODE COMMON CODE COMMON CODE COMMON CODE CODE CODE CODE CODE CODE CODE CODE		

HUR Hour

Telephone: (317) 232-3053

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204			